

ATLANTA POLICE DEPARTMENT
Mobile License Plate Reading System

**Incident
Number:**

Date:

Location of Recovery
with GCIC confirmed Hit

☐

or

**Sighting without vehicle
recovery**
with GCIC confirmed Hit

☐

Address # and Street Name	Type	Quad	Intersecting Street Name and Type	Beat

Stolen Vehicle from Atlanta?	Yes <input type="checkbox"/>
	No <input type="checkbox"/> Other agency name and Report Number

Arrest				
Yes <input type="checkbox"/>	Name	Race	Sex	DOB
	Driver? Yes <input type="checkbox"/> No <input type="checkbox"/>			
No <input type="checkbox"/>				

Please list any additional passenger, suspects, or arrestees in the information section below.

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Officer' Name (print)	Unit	ID number	Date
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Officer Signature	Date	Supervisor Signature	Date

Fax to Crime Analysis 404-853-7602
 Forward Original to Central Records